

Client Name: Washington Island School District
 Effective Date: 7/1/2017



Final Quote

Network Health Insurance Benefit Comparison

Plan Name	Custom HMO 1500 20/50		Custom POS 1500 20/50	
Plan Type	HMO		POS	
Deductible	Single	Family	Single	Family
In Network	\$1,500	\$3,000	\$1,500	\$3,000
Out of Network	Not Covered	Not Covered	\$3,000	\$6,000
Co-Insurance				
In Network	0%		0%	
Out of Network	Not Covered		20%	
Out-of-Pocket Maximum	Single	Family	Single	Family
In Network	\$6,850	\$13,700	\$6,850	\$13,700
Out of Network	Not Covered	Not Covered	\$4,000	\$8,000
Diagnostic Services: X-Ray, Lab,				
In Network	Deductible		Deductible & Coinsurance	
Out of Network	Not Covered		Deductible & Coinsurance	
Office Visits	PCP	Specialist	PCP	Specialist
In Network	\$20	\$50	\$20	\$50
Out of Network	Not Covered		Deductible & Coinsurance	
Routine/Preventive Care*				
In Network	Select Services Covered in Full		Select Services Covered in Full	
Out of Network	Not Covered		Deductible & Coinsurance	
Urgent Care				
In Network	\$200		\$200	
Out of Network	Not Covered		Deductible & Coinsurance	
Emergency Room				
In & Out of Network	\$200		\$200	
Hospital Services				
In Network	Deductible		Deductible & Coinsurance	
Out of Network	Not Covered		Deductible & Coinsurance	
Prescription Drugs				
Retail Copays	\$20/\$40/\$60/\$60		\$20/\$40/\$60/\$60	
Mail Order Copays	\$40/\$80/\$120/\$120		\$40/\$80/\$120/\$120	

Rates	Current	Proposed	Current	Proposed
Employee		\$655.09		\$710.26
Employee/Spouse		\$1,459.66		\$1,582.57
Employee/Child(ren)		\$1,459.66		\$1,582.57
Family		\$1,459.66		\$1,582.57
1 Over Age 65		\$393.05		\$426.16
2 Over Age 65		\$786.11		\$852.31
1 Over Age 65/1 Under Age 65		\$1,048.14		\$1,136.42